

**MICHIGAN DEPARTMENT OF
COMMUNITY HEALTH**

**COMPANION GUIDE
FOR THE HIPAA
270/271 HEALTH CARE ELIGIBILITY
BENEFIT INQUIRY AND RESPONSE
ADDENDA VERSION 4010A1**

**July 17, 2003
Revised February 2, 2004**





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This document is intended as a companion to the **National Electronic Data Interchange Transaction Set Implementation Guide, Health Care Eligibility Benefit Inquiry and Response, ASC X12N 270/271 (004010X092)**, dated May 2000, and the modifications implemented with the adopted Addenda to these transactions (**004010X092A1**), dated October 2002. It contains data clarifications authorized by the Department of Health and Human Services on September 17, 2001. The clarifications include:

- identifiers to use when a national standard has not been adopted [and]
- parameters in the implementation guide that provide options

The Implementation Guide and Addenda can be found at http://www.wpc-edi.com/hipaa/hipaa_40.asp. Information regarding data clarifications can be found at <http://aspe.os.dhhs.gov/admnsimp/q0321.htm>.)

This document is for use by Michigan Department of Community Health (MDCH) contracted Eligibility Service Providers and Medicaid enrolled providers. Please note that the information contained within this document is based on existing MDCH eligibility program information and is subject to change.

Eligibility Service Providers, as representatives of MDCH, are required to offer and support HIPAA-compliant 270/271 transactions. To be compliant, these entities should be able to receive all data segments and data elements identified as used or situational, and they should account for the number of times a data segment can repeat. However, an Eligibility Service Provider is not required to generate an explicit response to an explicit request. As noted in the X12N 270/271 (004010X092) Implementation Guide, Eligibility Service Providers only need to support the minimum requirements for HIPAA compliance. These minimum requirements are as follows:

- 270 – Support, at a minimum, a generic request for eligibility (service type code of “30” in the EQ segment).
- 271 – Include appropriate EB segment eligibility information or applicable AAA segments in the response.
 - EB segment – Identifies the recipient’s applicable eligibility information.
 - AAA segment(s) – Specifies an inability to provide eligibility information due to “recipient not being found” or errors encountered within the original 270 Request transaction.

Included in this document are the following topics of information:

- Search Options
- Batch and Real Time Business Uses and Linkage
- 270 and 271 Interchange Control Header and Trailer
- 270 and 271 Functional Group Header and Trailer
- 270 Transaction Set Segment and Data Elements
- 271 Transaction Set Segment and Data Elements
- Appendix A: Communication of MDCH Program Information
- Appendix B: Crosswalk of Programs to EB01, EB03, EB04, and EB05



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February 02, 2004, **revisions to the Companion Guide for the 270/271 Health Care Eligibility Inquiry and Response, Version 4010A1, dated November 7, 2003, include:**

1. Updated Comments fields for:
 - Loop 2120C NM101 – Entity Identifier Code (HIPAA IG p. 250; this document p. 5).
 - Loop 2120C NM103 – Last Name or Organization Name (HIPAA IG p. 251; this document p. 5).
 - Loop 2120C NM108 – Identification Code Qualifier (HIPAA IG p. 253; this document p. 6).
 - Loop 2120C NM109 – Identification Code (HIPAA IG p. 253, this document p. 6).
2. Removed Loop 2000D and subsequent loops 2100D, 2110D, and 2120D segments (HIPAA IG pp. 265 through 335; this document pp. 6 and 7).
3. Additional modified program crosswalks in Appendix B.

November 7, 2003, revisions to the Companion Guide for the 270/271 Health Care Eligibility Inquiry and Response, Version 4010A1, dated October 1, 2003, include:

1. Added Data Elements:
 - Loop 2100C DMG02 – Date Time Period (HIPAA IG p. 84; this document p. 1).
2. Updated Comments fields for:
 - Loop 2100C NM108 – Identification Code Qualifier (HIPAA IG p. 73; this document p. 1).
 - Loop 2100C NM109 – Subscriber Primary Identifier (HIPAA IG p. 73; this document p. 1).
 - Loop 2110C EQ03 – Coverage Level Code (HIPAA IG p. 97; this document p. 2).
 - Loop 2100C NM109 – Subscriber Primary Identifier (HIPAA IG p. 195; this document p. 3).
 - Loop 2100C REF01 – Reference Identification Qualifier (HIPAA IG p. 197; this document p. 3).
 - Loop 2110C EB02 – Coverage Level Code (HIPAA IG p. 221; this document p. 4).
 - Loop 2120C NM101 – Entity Identifier Code (HIPAA IG p. 250; this document p. 5).
3. Additional modified program crosswalks in Appendix B, including the addition of MICHild coverage.

October 1, 2003, revisions to the Companion Guide for the 270/271 Health Care Eligibility Inquiry and Response, Version 4010A1, dated July 17, 2003, include:

1. Deleted Data Elements:
 - Loop 2100D REF01 – Reference Identification Qualifier (HIPAA IG p. 275)
 - Loop 2100D REF02 – Reference Identification (HIPAA IG p. 275)



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2. Added Data Elements:

- Loop 2110D REF01 – Reference Identification Qualifier (HIPAA IG p. 314; this document p. 5).
- Loop 2100D REF01 – Reference Identification (HIPAA IG p. 275; this document p. 5).

3. Updated Comments fields for:

- Loop 2100C DTP03 – Date/Time Period (HIPAA IG p. 88; this document p. 1).
- Loop 2110C REF01 – Reference Identification Qualifier (HIPAA IG p. 239; this document p. 5).
- Loop 2110C REF02 – Subscriber Eligibility or Benefit Identifier (HIPAA IG p. 239; this document, p 5).
- Loop 2110C DTP01 – Date/Time Qualifier (HIPAA IG p. 240; this document p. 5).
- Loop 2120C NM101 – Entity Identifier Code (HIPAA IG p. 250; this document p. 5).
- Loop 2000D – Dependent Level (HIPAA IG p. 265; this document p. 6).
- Loop 2100D DTP01 – Date Time Qualifier (HIPAA IG p. 317; this document p. 6).

4. Additional and modified program crosswalks in Appendix B.

5. Minor formatting and editorial changes.



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Search Options

MDCH Eligibility Service Providers must support the data set search criteria outlined on pages 21 to 23 of the X12N 270/271 (004010X092) Implementation Guide.

Batch and Real Time Business Uses and Linkage

MDCH Eligibility Service Providers may choose to offer batch or real time methods for receiving 270 inquiries and sending 271 response transactions. Whichever they choose, providers must support the batch or real time requirements beginning on page 13 of the X12N 270/271 (004010X092) Implementation Guide. In addition, the providers must support the linkage requirements beginning on page 18 of the guide.

270 and 271 Interchange Control Header and Trailer

MDCH Eligibility Service Providers must support the Interchange Control Header and Trailer requirements on pages B.3 through B.7 of the X12N 270/271 (004010X092) Implementation Guide. Providers must define the parameters to be used by them and their trading partners, including Medicaid enrolled providers, in accordance with these compliance requirements.

270 and 271 Functional Group Header and Trailer

MDCH Eligibility Service Providers will support the Functional Group Header and Trailer requirements as outlined on pages B.8 through B.10 of the X12N 270/271 (004010X092) Implementation Guide. MDCH Eligibility Service Providers will define the parameters to be used by them and their trading partners, including Medicaid enrolled providers, in accordance with these compliance requirements.



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270 Transaction Set Segment and Data Elements

Page	Loop	Segment	Data Element	Comments
39	Beginning of Hierarchical Transaction	BHT – Beginning of Hierarchical Transaction	BHT02 – Transaction Set Purpose Code	Use “13” (Request). “01” (Cancellation) and “36” (Authority to Deduct (Reply)) are currently not supported.
44	2100A – Information Source Name	NM1 – Information Source Name	NM101 – Entity Identifier Code	Use “PR” (Payer).
46	2100A – Information Source Name	NM1 – Information Source Name	NM108 – Identification Code Qualifier	Use “PI” (Payor Identification).
46	2100A – Information Source Name	NM1 – Information Source Name	NM109 – Information Source Primary Identifier	Use “D00111” for MDCH.
52	2100B – Information Receiver Name	NM1 – Information Receiver Name	NM108 – Identification Code Qualifier	Use “SV” (Service Provider Number).
52	2100B – Information Receiver Name	NM1 – Information Receiver Name	NM109 – Information Receiver Identification Number	Use the nine-digit provider identifier assigned by MDCH (two-digit provider type followed by the seven-digit provider identification number).
73	2100C – Subscriber Name	NM1 – Subscriber Name	NM108 – Identification Code Qualifier	Use “MI” (Member Identification Number). Loop 2100C NM108 is not applicable for MICHild beneficiaries.
73	2100C – Subscriber Name	NM1 – Subscriber Name	NM109 – Subscriber Primary Identifier	Use the MDCH assigned eight-digit recipient identification number. Loop 2100C NM109 is not applicable for MICHild beneficiaries.
75	2100C – Subscriber Name	REF – Subscriber Additional Information	REF01 – Reference Identification Qualifier	Use “SY” (Social Security Number). Either the beneficiary’s social security number or date of birth (see Loop 2100C DMG02) is required for all MICHild inquiries.
84	2100C – Subscriber Name	DMG – Subscriber Demographic Information	DMG02 – Date Time Period	Enter the recipient’s date of birth. Either the beneficiary’s date of birth or social security number (see Loop 2100C REF01) is required for all MICHild inquiries.
88	2100C – Subscriber Name	DTP – Subscriber Date	DTP01 – Date/Time Qualifier	The following codes are recommended: “307” (Eligibility) “435” (Admission) “472” (Service) Code “102” (Issue) is not currently supported.



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Page	Loop	Segment	Data Element	Comments
88	2100C – Subscriber Name	DTP – Subscriber Date	DTP03 – Date/Time Period	Date can be a minimum of one year prior or up to the last day of the current month. MDCH currently does not provide eligibility information for dates greater than one year or beyond the last day of the current month.
90	2110C – Subscriber Eligibility or Benefit Inquiry Information	EQ – Subscriber Eligibility or Benefit Inquiry	EQ01 – Service Type Code	For all inquiry types, MDCH recommends using value “30” (Health Benefit Plan Coverage). Any value reported in this data element will result in the 271 Response containing EB segments applicable to the recipient’s MDCH program coverage.
97	2110C – Subscriber Eligibility or Benefit Inquiry Information	EQ – Subscriber Eligibility or Benefit Inquiry	EQ03 – Coverage Level Code	Use “CHD” (Children only) for MIChild inquiries. Use “IND” (Individual) for all other inquiries.

271 Transaction Set Segment and Data Elements

Page	Loop	Segment	Data Element	Comments
163	2100A – Information Source Name	NM1 – Information Source Name	NM101 – Entity Identifier Code	“PR” (Payer)
165	2100A – Information Source Name	NM1 – Information Source Name	NM108 – Identification Code Qualifier	“PI” (Payor Identification)
165	2100A – Information Source Name	NM1 – Information Source Name	NM109 – Identification Code	“D00111” (for MDCH)
180	2100B – Information Receiver Name	NM1 – Information Receiver Name	NM108 – Identification Code Qualifier	“SV” (Service Provider Number)
181	2100B – Information Receiver Name	NM1 – Information Receiver Name	NM109 – Information Receiver Identification Number	The nine-digit provider identifier submitted on the 270 Request transaction will be returned (e.g., 101234567).
195	2100C – Subscriber Name	NM1 – Subscriber Name	NM108 – Identification Code Qualifier	“MI” (Member Identification Number)
195	2100C – Subscriber Name	NM1 – Subscriber Name	NM109 – Subscriber Primary Identifier	The MDCH assigned eight-digit beneficiary identification number will be returned. A Client Identification Number (CIN) will be reflected in this field for MICHild beneficiaries. The CIN is strictly informational and should not be used for claim submission.
197	2100C – Subscriber Name	REF – Subscriber Additional Information	REF01 – Reference Identification Qualifier	The following codes are returned, as applicable: “3H” (Case Number) “EJ” (Patient Account Number) “F6” (Medicare HIC number) “SY” (Social Security Number)
199	2100C – Subscriber Name	REF – Subscriber Additional Information	REF03 – Description	When REF01 = “3H”, REF03 reports the recipient’s FIA Worker Load Number followed by a space and the descriptive term “Worker Load Number” (e.g., 12345678901 WORKER LOAD NUMBER).
202	2100C – Subscriber Name	N4 – Subscriber City/State/Zip Code	N405 – Location Qualifier	“CY” County/Parish code will be returned when reporting Title XIX, Title V, or MOMS program eligibility information.



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Page	Loop	Segment	Data Element	Comments
202	2100C – Subscriber Name	N4 – Subscriber City/State/Zip Code	N406 – Location Identification Code	The two-character FIA county code followed by a space and the corresponding county name will be returned (e.g., 82 WAYNE).
204	2100C – Subscriber Name	PER – Subscriber Contact Information	PER02 – Subscriber Contact Name	Defaults to “FIA OFFICE” when the FIA Office telephone number is returned in PER04.
204	2100C – Subscriber Name	PER – Subscriber Contact Information	PER03 – Communication Number Qualifier	“WP” (Work Phone Number (FIA Office)).
205	2100C – Subscriber Name	PER – Subscriber Contact Information	PER04 – Subscriber Contact Number	The corresponding FIA Office telephone number will be returned.
216	2100C – Subscriber Name	DTP – Subscriber Date	DTP01 – Date/Time Qualifier	The following codes will be returned as applicable: “307” (Eligibility) “435” (Admission) “472” (Service) Code “102” (Issue) is not currently supported.
219	2110C – Subscriber Eligibility or Benefit Inquiry Information	EB – Subscriber Eligibility or Benefit Inquiry	EB01 – Eligibility or Benefit Information	The Eligibility or Benefit Information Codes outlined in Appendix B of this document will be returned as applicable.
221	2110C – Subscriber Eligibility or Benefit Inquiry Information	EB – Subscriber Eligibility or Benefit Inquiry	EB02 – Coverage Level Code	“CHD” (Children only) will be returned when the EB segment pertains to MICHild coverage. “IND” (Individual) will be returned when the EB segment pertains to MDCH-related coverage.
221	2110C – Subscriber Eligibility or Benefit Inquiry Information	EB – Subscriber Eligibility or Benefit Inquiry	EB03 – Service Type Code	The Service Type Codes outlined in Appendix B of this document will be returned as applicable.
226	2110C – Subscriber Eligibility or Benefit Inquiry Information	EB – Subscriber Eligibility or Benefit Inquiry	EB04 – Insurance Type Code	The Insurance Type Codes outlined in Appendix B of this document will be returned as applicable.
228	2110C – Subscriber Eligibility or Benefit Inquiry Information	EB – Subscriber Eligibility or Benefit Inquiry	EB05 – Plan Coverage Description	The MDCH Scope, Coverage, Level of Care, Program, and Dental Program Codes followed by a program benefit explanation will be returned as applicable. Refer to Appendices A and B of this document.



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Page	Loop	Segment	Data Element	Comments
229	2110C – Subscriber Eligibility or Benefit Inquiry Information	EB – Subscriber Eligibility or Benefit Inquiry	EB07 – Benefit Amount	Patient pay amounts for Hospice, Long Term Care, and Medicaid Inpatient will be returned as applicable.
239	2110C – Subscriber Eligibility or Benefit Inquiry Information	REF – Subscriber Additional Identification	REF01 – Reference Identification Qualifier	“1L” (Insurance Policy Number) “1W” (Member Identification Number) These are only used when the preceding EB segment indicates Other Insurance eligibility information. (See Appendix B.)
239	2110C – Subscriber Eligibility or Benefit Inquiry Information	REF – Subscriber Additional Identification	REF02 – Subscriber Eligibility or Benefit Identifier	If applicable, the recipient's policy number or member identification number under another insurer when the recipient is the known subscriber (i.e., recipient name matches policyholder name or policyholder name is blank and there is Other Third Party Payer Information available).
240	2110C – Subscriber Eligibility or Benefit Inquiry Information	DTP – Subscriber Eligibility Benefit Date	DTP01 – Date/Time Qualifier	“356” (Eligibility Begin) and “357” (Eligibility End) will be returned when reporting MDCH program eligibility pertinent to the corresponding EB segment. “292” (Benefit) will be returned when the corresponding EB segment provides Other Third Party Payer Information and benefit dates from the other payer are available.
244	2110C – Subscriber Eligibility or Benefit Inquiry Information	MSG – Message Text	MSG01 – Free-form Message Text	The applicable Other Insurance code followed by the Other Insurance Code description will be returned (e.g., 01 AETNA).
250	2120C – Subscriber Benefit Related Entity Name	NM1 – Subscriber Benefit Related Entity Name	NM101 – Entity Identifier Code	The following codes will be returned if applicable: “FA” (Facility) “IL” (Insured/Subscriber) – when the Other Third Party subscriber is not the recipient. “P3” (Primary Care Provider) “PR” (Payer)
251	2120C – Subscriber Benefit Related Entity Name	NM1 – Subscriber Benefit Related Entity Name	NM103 – Name Last or Organization Name	The last name or organization name of the Medicaid Health Plan, Special Health Plan, County Health Plan, PLUS CARE contractor, Delta Premier or Preferred Option, Primary Care Provider, or Other Third Party Payer subscriber last name or the Other Third Party payer name will be returned as applicable.



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Page	Loop	Segment	Data Element	Comments
253	2120C – Subscriber Benefit Related Entity Name	NM1 – Subscriber Benefit Related Entity Name	NM108 – Identification Code Qualifier	The following codes will be returned if applicable: “MI” (Member ID) “PI” (Payor Identification) “SV” (Service Provider Number) “PI” will be used to designate Other Third Party Payers, Medicaid Health Plans, Special Health Plans, County Health Plans, PLUS CARE, Delta, etc.
253	2120C – Subscriber Benefit Related Entity Name	NM1 – Subscriber Benefit Related Entity Name	NM109 – Identification Code	The Other Third Party Payer member ID will be returned when known. The MDCH Carrier Code will be returned for Other Third Party Payer Information. The entity's MDCH assigned nine-digit identification number (two-digit provider type followed by the seven-digit provider identification number (e.g., 171234567) will be returned.



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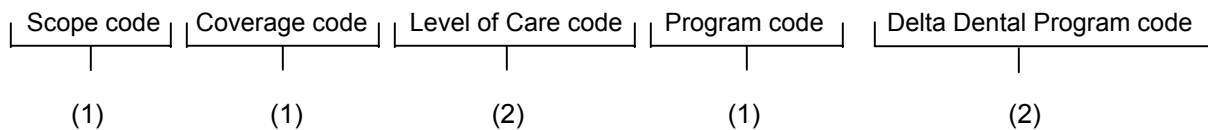
APPENDIX A: COMMUNICATION OF
MDCH PROGRAM INFORMATION

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Appendix A: Communication of MDCH Program Information

The communication of applicable MDCH Program information in the Health Care Eligibility Benefit Response (271) transaction is accommodated in the EB segment of Loop 2110C. To communicate the recipient's MDCH program information properly, the first 7 positions of the EB05 data element will contain a 7-position, fixed-length data string. This data string contains the applicable codes for scope (1), coverage (1), level of care (2), and the applicable program code (1). The remaining two (2) positions are the Delta Dental program code.

The program information string is followed by a space and then the applicable program benefit information outlined in Appendix B. The format for this string is as follows:



In the event that one of the above elements is not applicable to the specified program, zeros (not spaces) are used. The EB segment is repeated when the recipient qualifies for eligibility under more than one program. Each EB segment contains the corresponding program string and information in the EB05 data element. Following are examples of the EB segment format:

EB*1*IND*60*MC*1F07C00 MEDICAID FEE FOR SERVICE~

EB*1*IND*69*OT*0000200 MATERNITY OUTPT MEDICAL SVS ELIG~

EB*1*IND*60*SP*2C06C00 QMB MEDICARE COPAY AND DED ONLY~

EB*1**35*OT*2F00C11 DELTA PREMIER~

Refer to Appendix B for information regarding applicable codes for the EB01, EB03, EB04, and EB05 data elements.

**APPENDIX B: CROSSWALK OF PROGRAMS TO
EB01, EB03, EB04, AND EB05**

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Appendix B: Crosswalk of Programs to EB01, EB03, EB04, and EB05

The following tables identify the applicable EB01, EB03, and EB04 codes. The EB05 data element includes the MDCH program information described in Appendix A followed by the applicable program benefit explanations outlined below. Repeats of the 2110C loop may be needed to communicate additional eligibility, service, or insurance type information. In some instances there is no applicable code for the EB03 data element. These are denoted with an asterisk (*) in the EB03 column.

Applicable Coverage	Scope	Cov	LOC	County	ES Code	EB01	EB03	EB04	EB05 7-character code plus text	Reporting of Additional Information
Adult Benefit Waiver Program (ABW) with County Health Plan – applicable for dates of service 10/01/2003 or – greater	3	G or M	11	Any	Not 7	1	30	HM	ABW Eligible – County Hlth Plan	Report the available County Health Plan name, address, and phone number in Loop 2120C.
Adult Benefit Waiver Program (ABW) – applicable for dates of service 10/01/2003 or greater	3	E	Any	Any	Not 7	1	86	HM	ABW ER only	
Adult Benefit Waiver Program (ABW) – applicable for dates of service 10/01/2003 or greater	3	G or M	Blank (Not 07 or 11)	Any	Not 7	1	30	HM	ABW Eligible	
Adult Benefit Waiver Program (ABW) – applicable for dates of service 10/01/2003 or greater	3	G or M	32	Any	Not 7	F	48	HM	ABW Inpatient Hospital only	
Beneficiary Pharmacy Monitoring Program	1, 2, or 4	D, F, K, P, or T	13	Any	Not 7	1	60	MC	Pharmaceutical Lock-In	



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Applicable Coverage	Scope	Cov	LOC	County	ES Code	EB01	EB03	EB04	EB05 7-character code plus text	Reporting of Additional Information
Beneficiary Utilization Review Program	1, 2 or 4	D, F, K, P, or T	14	Any	Not 7	N	60	MC	Restricted provider control	Primary Care Provider name and ID number are reported in Loop 2120C.
Health Plan	1 or 2 or 4	D, F, K, P, or T	07	Any	Not 7	1	60	HM	Medicaid HMO Enrollee	Health Plan Name, address, and phone number are reported in Loop 2120C.
Limited Medicaid Coverage	1, 2 or 4	E, U, or V	Blank	Any	Not 7	F	86	MC	Urgent-ER services only	
Medicaid Hospice	1, 2 or 4	D, F, K, P, or T	16	Any	Not 7	1	45	MC	Hospice	
Medicaid Fee for Service	1, 2 or 4	D, F, K, P, or T	88, or Blank	Any	Not 7	1	60	MC	Medicaid Fee for Service	
Inpatient Hospital Services Only	1, 2 or 4	D, F, K, P, or T	32	Any	Not 7	F	48	MC	Inpatient Hospital Services Only	
Developmentally Disabled client in an ICF/MR or AIS home	1, 2, or 4	D, F, K, P, or T	08	Any	Not 7	1	60	MC	Development disabled in ICF/MR or AIS home	
Medicaid – Emergency Services Only – SMP authorized – applicable for dates of service prior to 10/01/2003	1 or 2	E	06	Not 08, 09, 19, 23, 25, 29, 33, 38, 39, 41, 52, 56, 59, 61, 73, 81	Not 7	F	86	MC	Urgent-ER services only – SMP authorized.	

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Applicable Coverage	Scope	Cov	LOC	County	ES Code	EB01	EB03	EB04	EB05 7-character code plus text	Reporting of Additional Information
Medicaid – Emergency Services Only – SMP authorized with County Health Plan – applicable for dates of service prior to 10/01/2003	1 or 2	E	06	08, 09, 19, 23, 25, 29, 33, 38, 39, 41, 52, 56, 59, 61, 73, 81	Not 7	F	86	MC	Urgent-ER services only – SMP authorized	County Health Plan name, address, and phone number are reported in Loop 2120C for the following counties: 08, 09, 19, 23, 25, 29, 33, 38, 39, 41, 52, 56, 59, 61, 73, 81.
Medicaid with Inpatient patient obligation	1, 2 or 4	D, F, K, P, or T	10	Any	Not 7	1 or B	48	MC	Pt pay amount for IP hospital acute care	When coverage is active and EB07 specifies a patient pay amount, EB01 contains a value of B (copayment.)
Medicaid Nursing Home	1, 2 or 4	D, F, K, P, or T	02	Any	Not 7	1 or B	60	LC	Nursing Facility Services	When coverage is active and EB07 specifies a patient pay amount, EB01 contains a value of B (copayment.)
Medicaid Nursing Home	1, 2, or 4	D, F, K, P, or T	55	Any	Not 7	1	60	MC	Need for LTC has been disapproved.	
Medicaid Nursing Home	1, 2, or 4	D, F, K, P, or T	56	Any	Not 7	1	60	MC	LTC facility or waiver service not covered.	
Medicaid Resident County Hospitalization	3	R	Any	Any	Not 7	1	*	OT	Resident County Hospitalization	

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Applicable Coverage	Scope	Cov	LOC	County	ES Code	EB01	EB03	EB04	EB05 7-character code plus text	Reporting of Additional Information
MIChoice Waiver Program	1, 2 or 4	D, F, K, P, or T	22	Any	Not 7	1	60	MC	MIChoice	
Qualified Medicare Beneficiary – <i>Other Insurance code is 90, 91, 92, 93, 94, 95, or 96</i>	1, 2, or 4	B	Any	Any	Not 7	1	60	SP	QMB Medicare Copay and Ded only	
Qualified Medicare Beneficiary Spend Down – <i>Other Insurance code is 90, 91, 92, 93, 94, or 95</i>	1, 2 or 4	B	Any	Any	7	I	60	SP	QMB Spend down not met.	
Specified Low Income Medicare Beneficiary or Additional Low Income or Disabled Working Medicare Beneficiary – <i>Other Insurance code is 90, 91, 92, 93, 94 or 95</i>	1 or 2	C, H, J, or Q	Blank	Any	7	I	*	SP	No coverage exists. Spend down not met.	
Specified Low Income Medicare Beneficiary, Additional Low Income or Disabled Working Medicare Beneficiary	1 or 2	C, H, J or Q	Blank	Any	Not 7	I	*	HS	No Medicaid coverage exists.	

**APPENDIX B: CROSSWALK OF PROGRAMS TO
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Applicable Coverage	Scope	Cov	LOC	County	ES Code	EB01	EB03	EB04	EB05 7-character code plus text	Reporting of Additional Information
State Medical Program (SMP) with County Health Plan – applicable for dates of service prior to 10/01/2003	3	G	06 or Blank	08, 09, 19, 23, 25, 29, 33, 38, 39, 41, 52, 56, 59, 61, 73, 81	Not 7	1 or 6	30	HM	SMP authorized Or SMP not authorized	Report the available County Health Plan name, address, and phone number in Loop 2120C.
State Medical Program (SMP) with County Health Plan – applicable for dates of service prior to 10/01/2003	3	E	06 or Blank	08, 09, 19, 23, 25, 29, 33, 38, 39, 41, 52, 56, 59, 61, 73, 81	Not 7	1 or 6	86	HM	SMP ER only authorized	Report the available County Health Plan name, address, and phone number in Loop 2120C.
State Medical Program (SMP) – applicable for dates of service prior to 10/01/2003	3	G	06 or Blank	Not 08, 09, 19, 23, 25, 29, 33, 38, 39, 41, 52, 56, 59, 61, 73, 81, 82	Not 7	1 or 6	30	HM	SMP authorized Or SMP not authorized	
State Medical Program (SMP) – Emergency Only – applicable for dates of service prior to 10/01/2003	3	E	06 or Blank	Not 08, 09, 19, 23, 25, 29, 33, 38, 39, 41, 52, 56, 59, 61, 73, 81, 82	Not 7	1 or 6	86	HM	SMP Emergency only	
SMP – Wayne County PLUS CARE – with authorized Provider ID # 2949260 – applicable for dates of service prior to 10/01/2003	3	M or G	07 or 11	82	Not 7	1 or 6	60	HM	SMP Wayne County Plus Care	PLUS CARE contractor's name and telephone number are reported in Loop 2120C.



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**APPENDIX B: CROSSWALK OF PROGRAMS TO
EB01, EB03, EB04, AND EB05**

DATE

**7-17-03
Rev 2-2-04**

Applicable Coverage	Scope	Cov	LOC	County	ES Code	EB01	EB03	EB04	EB05 7-character code plus text	Reporting of Additional Information
SMP – Wayne County PLUS CARE – with authorized Provider ID # 2949260 – applicable for dates of service prior to 10/01/2003	3	E	07 or 11	82	Not 7	1 or 6	86	HM	SMP Wayne County Plus Care ER only	PLUS CARE contractor's name and telephone number are reported in Loop 2120C.
Spend Down – Medicaid	1, 2, or 4	0	Any	Any	Any	I	60	MC	Spend down NOT met for DOS.	
Spend Down – Medicaid	1, 2, or 4	F	Blank	Any	7	Y	60	MC	Spend down met for DOS. Medicaid FFS	
Spend Down – Medicaid	1, 2, or 4	E	Blank	Any	7	Y	86	MC	Spend down met for DOS. Urgent/ER only.	
Other/TPL payer coverage						R	*	OT	Other Insurance TPL Payer Name	Other Insurance Payer name, address, and phone number (when available) are reported in Loop 2120C or 2120D wherever applicable.



**COMPANION GUIDE FOR THE 270/271 HEALTH CARE ELIGIBILITY INQUIRY
AND RESPONSE, VERSION 4010A1**

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**APPENDIX B: CROSSWALK OF PROGRAMS TO
EB01, EB03, EB04, AND EB05**

DATE
7-17-03
Rev 2-2-04

Applicable Coverage	Program Elig Code	Eligibility and Authorization	EB01	EB03	EB04	EB05 7 character code plus text	Reporting of Additional Information
MOMS	2	DOS between begin & end dates	1	69	OT	Maternity Outpt Medical SVS elig	
CSHCS – provider authorized or not authorized	1	DOS between begin & end dates; provider ID is on file.	1	1	OT	CSHCS Provider authorized Or CSHCS Provider not authorized	
CSHCS enrolled in SHP	1	DOS between begin & end dates; provider type is 17.	M	1	HM	CSHCS Special Health Plan	Special Health Plan name, address, and phone number are reported in Loop 2120C.

Applicable Coverage	Eligibility Start and End Dates	EB01	EB03	EB04	EB05	Reporting of Additional Information
MICChild – Medical Plan	DOS between begin & end dates	1	60	HM	0000000 MICChild Eligible	Medical Plan Name and phone number are reported in Loop 2120C.
MICChild – Dental Plan	DOS between begin & end dates	1	35	OT	0000000 MICChild Eligible	Dental Plan Name and phone number are reported in Loop 2120C.

Applicable Coverage	Scope	Cov	Delta File	EB01	EB03	EB04	EB05 7 character code plus text	Reporting of Additional Information
Medicaid Dental	1 or 2	T or P	Blank	1	35	MC	Fee for Service Dental-21 or older ER only	
Medicaid Dental	1, 2 or 4	D, F, or K	If not on Delta file.	1	35	MC	Fee for Service Dental-21 or older ER only	
Healthy Kids Dental	1, 2 or 4	D, F or K	Program Type Code (field 25-26) is 11.	1	35	OT	Delta Premier	Delta Premier name and contact information reported in Loop 2120C.
Healthy Kids Dental	1, 2 or 4	D, F or K	Program Type Code (field 25-26) is 35.	1	35	OT	Delta Preferred Option	Delta Preferred Option name and contact information reported in Loop 2120C.